

<b>Case Number:</b>	CM15-0138960		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female with an industrial injury dated 10/31/2012. The injured worker's diagnoses include full thickness tear anterior fibers, distal supraspinatus tendon, cervical spine spondylosis and osteophyte complex, thoracic spine scoliosis, disc protrusion, and disc desiccation, lumbar spine disc desiccation, status post right shoulder arthroscopy on 11/19/2014, right shoulder pain, right shoulder clinical impingement, bilateral wrist sprain/strain, carpal tunnel syndrome, status post left carpal tunnel release on 5/06/2015 and adjustment disorder with depressed mood. Treatment consisted of Magnetic Resonance Imaging (MRI) of thoracic spine/lumbar spine/cervical spine, Electromyography (EMG)/Nerve conduction velocity (NCV), prescribed medications, and periodic follow up visits. In a progress note dated 06/01/2015, the injured worker reported worsening low back pain with worsening radiation, numbness and tingling down her right leg. Physical exam revealed tenderness to palpitation with spasms of the thoracic and lumbar paraspinals. The treating physician prescribed services for chiropractic treatment with physiotherapy 2 times a week for 6 weeks to the right shoulder and range of motion and muscle testing, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic treatment with physiotherapy 2 times a week for 6 weeks to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the right shoulder, and low back with radiation down the right leg accompanied with numbness, and tingling. The current request is for Chiropractic treatment with physiotherapy 2 times a week for 6 weeks to the right shoulder. The treating physician report dated 6/1/15 (35B) states, "I am going to request postoperative chiropractic treatment which includes supervised physiotherapy for the left carpal tunnel release at 2 times a week for the next 6 weeks, as well as range of motion and muscle testing." The MTUS guidelines do not address manual manipulation of the shoulder. The ODG guidelines state the following regarding manipulation of the shoulder: "Recommended as indicated below. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated." The ODG guidelines support 9 visits of chiropractic treatment over 8 weeks. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has not started physical therapy and there is no documentation that the patient has been authorized for or received right shoulder surgery. In this case, the ODG guidelines do not recommend chiropractic treatment of the shoulder beyond 2-3 visits unless there is documentation of functional improvement, and the current request of 12 visits exceeds the 9 visits supported by the ODG guidelines. Furthermore, the current request of 12 visits of physiotherapy exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The current request is not medical necessary.

**Range of motion and muscle testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Flexibility.

**Decision rationale:** The patient presents with pain affecting the right shoulder, and low back with radiation down the right leg accompanied with numbness, and tingling. The current request

is for Range of motion and muscle testing. The treating physician report dated 6/1/15 (35B) states, "I am going to request postoperative chiropractic treatment which includes supervised physiotherapy for the left carpal tunnel release at 2 times a week for the next 6 weeks, as well as range of motion and muscle testing." The MTUS Guidelines do not address ROM testing. The ODG lumbar chapter for ROM (Flexibility) does not recommend computerized measures of the lumbar spine which can be performed using an inclinometer which is reproducible, simple, practical and inexpensive. There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. The current request is not medically necessary.